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# Application for Death Certificate

## SUBMIT TO:

**Memphis and Shelby County Health Department**  
**Vital Records – Room 103**  
**814 Jefferson Avenue**  
**Memphis, TN 38105**

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**Send Legal Fee of \$7.00 (Seven Dollars) For Each Copy Requested.**

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*It is unlawful to willfully and knowingly  
make any false statement on this application.*

DATE\_\_\_\_\_

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

SEX\_\_\_\_\_ RACE\_\_\_\_\_ AGE (at death)\_\_\_\_\_

Place of Death (hospital or city or residence)\_\_\_\_\_

Name of Funeral Home\_\_\_\_\_

Location of Funeral Home City\_\_\_\_\_

State \_\_\_\_\_ Zip Code\_\_\_\_\_

Your Name\_\_\_\_\_ Your Signature\_\_\_\_\_

Please Print

Your Relationship to Deceased Purpose of Copy\_\_\_\_\_

\_\_\_\_\_

Do You Want the Cause of Death To Show: YES \_\_\_\_\_ NO \_\_\_\_\_

Address of Person Making Request

\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Number of Copies\_\_\_\_\_

Method of Payment is Money Order Only

Amount Enclosed \_\_\_\_\_

Vital Records Clerk

Date

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### Mission

*To promote, protect and improve the health and environment of all Shelby County residents.*